

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

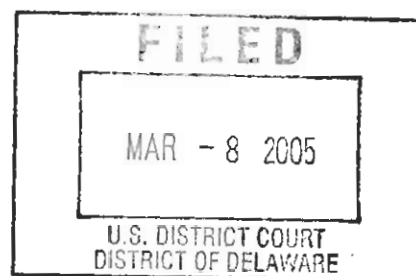
UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

JIMMIE LEWIS  
(Enter above the full name of the plaintiff in this action)

04-1350

v.

THE DELAWARE  
PSYCHIATRIC CENTER  
AND STAFF  
(Enter above the full name of the defendant(s) in this action)



I. Previous lawsuits

A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?  
YES [ ] NO [☒]

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs \_\_\_\_\_  
\_\_\_\_\_

Defendants \_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county)

\_\_\_\_\_

3. Docket number \_\_\_\_\_

4. Name of judge to whom case was assigned \_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed?  
Is it still pending?)

\_\_\_\_\_

6. Approximate date of filing lawsuit \_\_\_\_\_

7. Approximate date of disposition \_\_\_\_\_

II. A. Is there a prisoner grievance procedure in this institution? Yes [ ] No [ ]

B. Did you present the facts relating to your complaint in the state prisoner  
grievance procedure? Yes [ ] No [x]

C. If your answer is YES,

1. What steps did you take? \_\_\_\_\_

\_\_\_\_\_

2. What was the result? \_\_\_\_\_

\_\_\_\_\_

D. If your answer is NO, explain why not STATE PRISONER GRIEVANCE  
PROCEDURE DOES NOT APPLY TO THE D. P. C

E. If there is no prison grievance procedure in the institution, did you complain to  
prison authorities? Yes [ ] No [ ]

F. If your answer is YES,

1. What steps did you take? \_\_\_\_\_

\_\_\_\_\_

2. What was the result? \_\_\_\_\_

\_\_\_\_\_

## III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff JIMMIE LEWIS, SBI # 506622,  
 Address H.R.Y.C.E., P.O BOX 9561, WILM, DE 19809

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

B. Defendant SYLVIA FOSTER is employed as FORENSIC  
PSYCHIATRIST at 1901 N. DUPONT HWY, NEWCASTLE, DE 19720

C. Additional Defendants STAFF MEMBERS  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

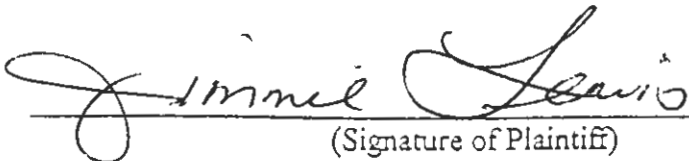
SEE ATTACHED

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.)

20 MILLION DOLLARS FOR PAIN AND SUFFERING,  
NOTIFY THE SUPERIOR COURT THAT DR. SYLVIA-  
FOSTER'S REPORT CAN NOT BE RELIED ON BY THE  
DOCTOR HERSELF

Signed this 16<sup>TH</sup> day of MARCH, 2005

  
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

3/6/05  
Date

  
(Signature of Plaintiff)

AFTER TRIAL ON 12/01/03 JUDGE CHARLES H. TOLIVER IV (P. 1  
'ORDERED THAT I BE TRANSFERED TO THE DELAWARE  
PSYCHIATRIC CENTER FOR A PSYCHIATRIC EVALUATION TO  
DETERMINE COMPETENCY AND TO RECEIVE TREATMENT.  
AFTER MY ARRIVING AT DELAWARE PSYCHIATRIC CENTER,  
I WAS ILL, AND I COULDN'T COMPLETE THE ADMISSIONS  
INTERVIEW. I WAS THEREAFTER PUT ON DISCIPLINARY  
RESTRICTION BECAUSE I COULD NOT COMPLETE THE  
INTERVIEW.

ON 6/6/04 I WAS STRAPPED DOWN WITH  
FOUR POINT RESTRAINT AND INJECTED WITH PSYCHOTROPIC  
MEDICINES FOR DISCIPLINARY REASONS, NOT FOR  
PSYCHIATRIC REASONS PER DR. SYLVIA FOSTER.

SHORTLY THEREAFTER, DR. SYLVIA FOSTER  
SUBMITTED A PSYCHOLOGICAL / PSYCHIATRIC REPORT  
TO MR. JOHN S. EDINGER JR THE PUBLIC DEFENDER  
ASSIGNED TO ME BY THE COURT, AND JUDGE  
CHARLES H. TOLIVER IV DATED 6/10/04.

DR. SYLVIA FOSTER DOCUMENTED IN THE REPORT  
THAT I REVEALED NO EVIDENCE OF A MOOD -  
DISORDER, AND NO EVIDENCE OF ~~PM~~ PSYCHOSIS,  
AND DUE TO DR. SYLVIA FOSTER DIAGNOSING ME  
AS MALINGERING, VALIDATES DELIBERATE -  
INDIFFERENCE EACH AND EVERY TIME  
DR. SYLVIA FOSTER ORDERED THAT I SHOULD  
BE STRAPPED DOWN WITH FOUR POINT RESTRAINTS  
AND INJECTED WITH PSYCHOTROPIC MEDICINES  
FOR DISCIPLINARY REASONS, NOT FOR -  
PSYCHIATRIC REASONS.



ON OR ABOUT 6/13/04 FOUR OR FIVE STAFF P.2  
MEMBERS WERE INSTRUCTED BY NURSE HELEN  
TO FORCIBLY REMOVE A BAG OF M&M CHOCOLATE  
CANDY FROM MY HAND, DUE TO THE DISCIPLINARY  
RESTRICTION THAT DR. SYLVIA FOSTER ORDERED.  
I WAS THEN CHOKED BY MR. GREY AS THE OTHER  
THREE OR FOUR MALE STAFF MEMBERS ASSAULTED  
ME WITH THEIR FIST AND FEET. I WAS THEN  
PLACED IN FOUR POINT RESTRAINTS AND INJECTED  
WITH PSYCHOTROPIC MEDICINES FOR DISCIPLINARY  
REASONS, NOT PSYCHIATRIC REASONS PER DR. FOSTER.  
ON 6/20/04 I FILED A PATIENT GRIEVANCE ON  
THE INCIDENT, IN WHICH WAS RECEIVED BY NURSE  
KAREN CHAMBLIN.

ON 6/14/04 I WAS STRAPPED DOWN WITH  
FOUR POINT RESTRAINTS AND INJECTED WITH PSYCHOTROPIC  
MEDICINES FOR ~~MY~~ DISCIPLINARY REASONS, NOT FOR  
PSYCHIATRIC REASONS PER DR. SYLVIA FOSTER.

ON 6/21/04 I WAS STRAPPED DOWN WITH  
FOUR POINT RESTRAINTS AND INJECTED WITH PSYCHOTROPIC  
MEDICINES FOR DISCIPLINARY REASONS, NOT FOR  
PSYCHIATRIC REASONS PER DR. SYLVIA FOSTER.

ON 6/22/04 I WAS STRAPPED DOWN WITH  
FOUR POINT RESTRAINTS AND INJECTED WITH PSYCHOTROPIC  
MEDICINES FOR DISCIPLINARY REASONS, NOT FOR  
PSYCHIATRIC REASONS PER DR. SYLVIA FOSTER.

ON 6/24/04 I WAS STRAPPED DOWN  
WITH FOUR POINT RESTRAINTS AND INJECTED WITH  
PSYCHOTROPIC MEDICINES FOR DISCIPLINARY REASONS,  
NOT FOR PSYCHIATRIC REASONS PER DR. SYLVIA FOSTER

I WAS THEN SENT BACK TO THE (D.O.C.) (P.3)  
DEPARTMENT OF CORRECTIONS ON 6/25/04,  
WITH OUT A COURT ORDER.

ON 6/16/04 DIANNE STACHOWSKI -  
WROTE JUDGE CHARLES H. TOLIVER IV A LETTER  
REQUESTING A COURT ORDER TO TRANSFER ME BACK  
TO THE D.O.C., BUT ABSOLUTELY NO OFFICIAL ORDER  
IS DOCUMENTED ON MY SUPERIOR COURT CRIMINAL  
DOCKET SHEET.

ON 6/29/04 AFTER I HAD ALREADY  
BEEN TRANSFERRED BACK TO THE (D.O.C.) ~~and~~ DIANNE -  
STACHOWSKI AGAIN REQUESTED TO RECEIVE A COURT  
ORDER FROM JUDGE CHARLES H. TOLIVER IV TO -  
TRANSFER ME BACK TO THE (D.O.C.).

ON DEC 29, 04, I RECEIVED A RESPONSE  
TO THE WRIT OF HABEAS CORPUS I FILED, DUE TO  
THE SUPERIOR COURT CRIMINAL DOCKET SHEET NOT  
REFLECTING A DOCKETED RESPONSE TO DIANNE -  
STACHOWSKI'S LETTER REQUESTING A COURT ORDER  
TO LEGALLY HAVE ME RETURNED TO THE (D.O.C.).

JUDGE CHARLES H. TOLIVER IV RESPONSE TO  
MY WRIT OF HABEAS CORPUS IS ERRONEOUS, BECAUSE  
IT STATES THE REASON IT WAS DENIED IS DUE TO MY  
~~THE~~ SUPERIOR COURT CRIMINAL DOCKET ENTRY NUMBER -  
41, WHICH IS ONLY A PHOTO COPY OF DIANNE STACHOWSKI'S  
LETTER, NOT AN OFFICIAL COURT ORDER ISSUED BY THE  
JUDGE THAT WAS FILED WITH THE OFFICE OF THE -  
PROTHONOTARY, DOCKETED ON MY SUPERIOR COURT -  
CRIMINAL DOCKET SHEET, THEN DELIVERED TO  
DIANNE STACHOWSKI A STAFF MEMBER OF THE  
DELAWARE PSYCHIATRIC CENTER, SEE ATTACHED

SUPERIOR COURT CRIMINAL DOCKET  
( as of 10/12/2004 )

Page 5

State of Delaware v. JIMMY LEWIS  
 State's Atty: BRIAN J ROBERTSON , Esq. AKA:  
 Defense Atty: JOHN S EDINGER , Esq.

DOB: 12/25/1966

No.	Event Date	Event	Judge
37	05/13/2004	PSYCHOLOGICAL/PSYCHIATRIC REPORT FILED. SUBMITTED BY: DONALD NAPOLIN, MENTAL HEALTH SUPERVISOR AND ORDER REQUESTING DEFENDANT BE TRANSFERED TO MITCHELL BUILDING GRANTED BY JUDGE TOLIVER ON 5-13-04	
38	05/14/2004	DEFENDANT'S LETTER FILED. LETTER REGARDING NAMES AND PLACE EMPLOYMENT OF BAILIFF'S WHO PROVIDED COURT ON 10/21 10/23 FOR A WRIT OF MANDAMUS TO BE FILED. *SEE FULL LETTER IN FILE.	
40	06/16/2004	LETTER FROM DIANNE STACHOWSKI TO JUDGE TOLIVER, REQUESTING DEFT BE TRANSFERED BACK TO DOC.	
39	06/28/2004	PSYCHOLOGICAL/PSYCHIATRIC REPORT FILED. SUBMITTED BY: SYLVIA FOSTER MD COPY SENT TO ATTORNEY AND JUDGE TOLIVER	
41	06/29/2004	LETTER FROM DIANNE STACHOWSKI TO JUDGE TOLIVER REQUESTING DEFENDANT BE TRANSFERRED BACK TO DOC.	
42	07/06/2004	LETTER FROM COMMISSIONER WHITE TO COUNSEL GIVING THEM 10 DAYS TO REQUEST A COMPETENCY HEARING AND INFORMING OF THE SENTENCING DATE OF 8-27-04 AT 9:30 WITH JUDGE TOLIVER.	
43	07/19/2004	<del>REDACTED</del> <del>REDACTED</del> MOTION PUT IN FILE TO BE HEARD AT SENTENCING	
44	07/26/2004	PSYCHOLOGICAL/PSYCHIATRIC REPORT FILED. COPY RECEIVED FROM DEFENDANT LEWIS SEALED BY ORDER OF SUPERIOR COURT	
45	08/02/2004	CONTINUANCE REQUEST FILED BY J EDINGER - GRANTED PER JUDGE ABLEMAN (SENTENCING)	
46	08/09/2004	MOTION TO DISMISS COUNSEL FILED PRO SE. REFERRED TO JUDGE ABLEMAN	
47	08/17/2004	MOTION FOR COMPETENCY HEARING FILED PRO SE. REFERRED TO JUDGE ABLEMAN	
48	08/17/2004	MOTION FOR DISCOVERY FILED PRO SE. REFERRED TO JUDGE ABLEMAN	
49	08/20/2004	ABLEMAN PEGGY L.	



**DELAWARE PSYCHIATRIC CENTER**

Patient/Family Grievance, Concern or Suggestion Form

NAME: Jimmie Lewis DATE: 6/20/04  
 UNIT: NORTH ATTENDING PSYCHIATRIST: \_\_\_\_\_

**DIRECTIONS:** In the space below, please state as clearly and specifically as possible your grievance, concern or suggestion. (Use additional pages if necessary.) If you need help in completing this form unit staff, pastoral services (255-2984) or a member of the Patient Rights Committee (255-2978) are available for assistance. Upon completion, return the signed and dated form to unit staff or directly to your psychiatrist.

For the last past week or so I have been trying to deal with the incident that happened in the dining room, in which I was assaulted and choked until I almost passed out by Mr Grey. My throat is still soar. I've tried to use the advise I've received from the classes, but I still have my <sup>mind</sup> on the incident constant.

I don't know how to deal with this

Patient/Family Signature: \_\_\_\_\_

Jimmie Lewis

Date: \_\_\_\_\_

6/20/04

Received By: \_\_\_\_\_

Raven Chamberlin

Date: \_\_\_\_\_

6-20-04

**DIRECTIONS FOR STAFF:**

Please make a copy of this sign/dated form and provide it to the patient/family member. Forward the original form immediately to the Treatment Team and fax a copy to the Clinical Risk Manager in the Department of Planning and Performance Improvement. (255-4418)



STATE OF DELAWARE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

## DOCTOR'S ORDER SHEET

12/1/66  
LEWIS, JIMMY  
46443 148-64-1309 UNK M AF U  
4 EDWIN PLACE NEWARK NJ 07112  
MELBA JEAN LEWIS MOTH AREA 5  
973-481-5028  
05/21/2004

Immune beads

"Authorization is given to dispense a Generic Equivalent under Hospital Formulary System unless NO SUBSTITUTION (Or NO SUBS) is noted."

Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Activity: \_\_\_\_\_ Case No.: \_\_\_\_\_

DATE ORDERED	TIME	TREATMENT or MEDICATION	NOTED BY
5/21/04	11 am	Admit to Mitchell Haldol 5 ug PO/im q 6 <sup>0</sup> PRN Severe agitation x 30 days - Gue with Benadryl 25 ug PO/im q 6 <sup>0</sup> PRN x 30 days to prevent EPS - May give with Ativan 2 ug PO/im q 6 <sup>0</sup> PRN ativan x 30 days Medical consult to evaluate for possible HTN - need for medication	
		<i>m. Jan 12</i> <i>5/21/04 1:30 PM</i>	
5/21/04	1:40	CBC, UA CMP, Lipids + Hepatitis panel TSH, Serum B12 + Folate level NOM 30 ml po q 12h. prn for constipation MAGLOX 30 ml po q 6 <sup>0</sup> prn for dyspnea + Tylenol 650 mg po q 6 <sup>0</sup> prn for pain + Ativan 25 mg po daily + hold if BP is 90 systolic x 30 days Regular Diet	x 30 days
5/21/04			

m. Wilson  
Faxed  
noted



12.)

STATE OF DELAWARE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

LEWIS, JIMMY  
46443  
NONE GIVEN  
NONE GIVEN

12/25/66  
UNK H AF U

## DOCTOR'S ORDER SHEET

"Authorization is given to dispense a Generic Equivalent under Hospital Formulary System unless NO SUBSTITUTION (Or NO SUBS) is noted."

Name: Jimmy Lewis Facility: Mitchell Activity: \_\_\_\_\_ Case No.: \_\_\_\_\_

DATE ORDERED	TIME	TREATMENT or MEDICATION	NOTED BY
5/22/04	1535	Clarification of order written for Aterolol 25mg PO daily and hold if systolic B/P is 90 or below. T.O. Dr. Hendell/M. Wilson	LPN Alma M. Summerville MS
5/23/04	5/24/04	Dietician for preferences 2 food Apply lotrisone in between toes daily x 30 days Hs (for Athlete's foot)	MS
5/25/04	1415	may use fixodent on partial plate local pain PO Dr. Sheth to Syams. Sayella	5-25-04 Sam Sayella
5/25/04	3 pm	Zenadryl 50 up PO q HS PRN. Lusanna x 30 days	
5/25/04	3:45 pm	Beal Effexor XR 37.5 up PO q am x 5 days The Effexor 75 up PO q am x 5 days The Effexor 150 up PO q am x 30 days	
5/25/04		5/25/04 @ 2:00 PM (Hendell) Sheth	

4 LORAIN PLACE NEWARK, N.J. 07102  
NELSA JEAN LEWIS HUGHES  
072-481-3028 05/21/2004

**" Authorization is given to dispense a Generic Equivalent under Hospital Formulary System unless NO SUBSTITUTION (Or NO SUBS) is noted."**

DATE ORDERED	TIME	TREATMENT or MEDICATION	NOTED BY
5/26/04	noon	Give first dose of Effexor XR when available today	
		Sulfatosteam in 2nd 5/26/04 10m	
5/27/04	5/28/04		
5/28/04	11:57	Urinalysis } midstream clean urine & 2 S } catch urine fresh fluids x 3 days	
		Relax max 5/28/04 13h	
5/29/04		5/29/04 5/30/04 6-12	
6/1/04	9:30am	DL Effexor - pr refusing	
		Sulfatosteam	
6/2/04	1040	Pipridium 200mg po BID / x 5 days	
6/2/04	1050	Bactrim DS i. pr BID /	
6/2/04	1050	Add in his diet - CHEF SALAD / E CHEESE BID + 8 pm nourishment & cheese	
		Citrus, bananas x 30 days	



DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH  
DELAWARE PSYCHIATRIC CENTER

PROGRESS NOTES  
(Continued)

LEWIS, JIMMY 12/25/66  
44443 148-64-1303 UNK M AF  
4 EDWIN PLACE NEWARK NJ 07112  
HELENA JEAN LEWIS MOTH AREA 5  
973-481-5028 05/21/2004

DATE	TIME	OBSERVATION, ACTION, OR POSSIBLE SOLUTION
5/29/04	2245	PT states he is not taking effexor "because the side effects state you could have a serotonin problem" and he is now; and there is no relationship to the fact he had it previously to Adam to Mitchell. Requesting laldol & benadryl because he was anxious - asked him to elaborate - well he hears voices - again asked to explain they were calling his name. Behavior made some doubt as to validity. <u>H. Hamilton RN</u>
5-30-04	1158	PT started effexor 75 mg PO - 150 mg PO 5-26-04 received 2 doses only refused since the 2nd dose <u>Karen Chantill</u>
5/30/04	1545	behavior. <u>H. Hamilton RN</u>
5/30/04	2240	PT continues to refuse effexor but demands RN give him laldol. Again, explained he should be taking effexor prescribed by Dr. Foster & there was no reason to take laldol & it was @ the nurse's discretion to determine if there was a need. He was calm, in no distress, no H/V hallucinations apparent from his behavior. He spoke to a staff member who stated he could write a grievance - later he changed his mind. <u>H. Hamilton RN</u>
5/31/04	1010	Refused effexor 75 mg PO @ 0800 several attempts made to give med constant refusal states "it makes me sick, I don't want it"



(16.)

DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH  
DELAWARE PSYCHIATRIC CENTER

PROGRESS NOTES  
(Continued)

LEWIS, JIMMY 12/25/66  
46443 148-64-1309 UNK M AF 0  
4 EDWIN PLACE NEWARK NJ 07112  
MELBA JEAN LEWIS MOTH AREA 5  
973-481-5028 05/21/2004

DATE	TIME	OBSERVATION, ACTION, OR POSSIBLE SOLUTION
6/3/04	3:10pm	Psychology I have been receiving reports on pt's to the medical.
6-3-04	3:55	Psychology note: Met w/ MR. Lewis to review his Masta Tx plan w/ him. He does not read well so I read it to him - but even at that, it was necessary I translate into more concrete language. He expresses as having significant intellectual deficits. He spoke w/ some distress about having been struck by another patient. In concrete terms I explained what effect K.I. has on some patients' behavior, and that unlike how to right respond to assault in other settings, here we ask him to be more understanding + to refrain from hitting back. The notion seemed foreign to him, but he responded positively to the intervention. Kathryn Sherman, PsyD psychologist



(17.)

STATE OF DELAWARE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

## DOCTOR'S ORDER SHEET

LEWIS, JIMMY 12/25/54  
46343 149-54-1309 UNK H AF  
4 EDWIN PLACE NEWARK NJ 07102  
NELBA JEAN LEWIS NORTH AREA 5  
973-481-5028 05/21/2004

" Authorization is given to dispense a Generic Equivalent under Hospital Formulary System unless NO SUBSTITUTION (Or NO SUBS) is noted."

Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Activity: \_\_\_\_\_ Case No.: \_\_\_\_\_

DATE ORDERED	TIME	TREATMENT or MEDICATION	NOTED BY
6/6/04	6:15	Handed 5 <sup>th</sup> 1M - Bandage 50g 1M for agitation Or 1 dose - SANDER MD	Shatford
6/6/04	6:20 PM	- But the patient is in point restraint not for safety of self and others not to exceed 2 hrs SANDER MD	Shatford
6/6/04	6:30 PM	- Restricted Patio, Pool playing, visit and snack area until seen by treatment team SANDER MD 6/6/04	Shatford
6/7/04	10:45 pm	- Begin Seroquel 50 up PO q 12 <sup>h</sup> x 30 days for anger management + impulse control. - Restrict visit, patio, wt room, gym + snack vending machine x 1 week - D/C chf's salad BID	Shatford
Noted	6/7/04 @ 1900	- Helen (Helen) R	
6/8/04	1:59 PM	Cont Pyridium to 200 mg Bid x 5 days m-jm w Rhy MD	

6/9/04

STATE OF DELAWARE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

LEWIS, JIMMY 2/25/86  
46443 149-64-1309 UNK M AF  
4 EDWIN PLACE NEWARK NJ 07112  
MELBA JEAN LEWIS MOTH AREA 5  
973-481-5020 05/21/2004

## DOCTOR'S ORDER SHEET

" Authorization is given to dispense a Generic Equivalent under Hospital Formulary System unless NO SUBSTITUTION (Or NO SUBS) is noted."

Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Activity: \_\_\_\_\_ Case No.: \_\_\_\_\_

DATE ORDERED	TIME	TREATMENT or MEDICATION	NOTED BY
6/9/04	10:59 AM	urinalysis (U.T.I.) to bactrim ii tab 8 <sup>am</sup> - 8 pm v ; UK K. U. B. (Rb stones) urology clinic (Reg. done) Rb no	
6/10/04	1:20 PM	Change Nutritive Order to read: - Regular chef's salad & breakfast - small tossed salad BID & meals - Nourishment HS: cheese, peanut butter, banana, + chef's salad	
6/11/04	2 PM	meds x 30 days Geodon 20 up PO/im q 6 <sup>o</sup> PRN severe agitation Ativan 2 up PO/im q 6 <sup>o</sup> PMW agitation.	
6/12/04		orders noted @ 15-15 - 6/11/04	



19)

STATE OF DELAWARE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

**DOCTOR'S ORDER SHEET**

LEWIS, JIMMY 12/25/66  
46443 148-64-1309 UHA N AF U  
4 EDWIN PLACE NEWARK NJ 07112  
HELENA JEAN LEWIS MOTH AREA 5  
973-481-5028 05/21/2004

" Authorization is given to dispense a Generic Equivalent under Hospital Formulary System unless NO SUBSTITUTION (Or NO SUBS) is noted."

Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Activity: \_\_\_\_\_ Case No.: \_\_\_\_\_

DATE ORDERED	TIME	TREATMENT or MEDICATION	NOTED BY
6/14/04	9:00pm	Patient to be placed in Seclusion Room for the safety of others, not to exceed for more than 2 hrs. Patient can be released earlier when he calms down.	
		Shafiq DUREISHI, MD noted 6/14/04 @ 2150 Helen Hasen RA	
6/14/04	2300	Seclusion renewed not to exceed 2 hours, oriented, pt is calm. To Dr. Dureishi/Helen RA	
		noted 6/14/04 @ 2310 Helen RA Shafiq DUREISHI, MD	
6/15/04	4:50pm	Continue restriction of patio, wt room, gym + vending machine x another week	
		Shafiq DUREISHI, MD	
6/16/04		6/17/04 6/18/04	

205

STATE OF DELAWARE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

## DOCTOR'S ORDER SHEET

LEWIS, JIMMY 12/25/66  
46443 148-64-1309 DHK H AF 1  
4 EDWIN PLACE NEWARK NJ 07112  
WELSA JEAN LEWIS BORN AREA 5  
973-481-5028 05/21/2004

" Authorization is given to dispense a Generic Equivalent under Hospital Formulary System unless NO SUBSTITUTION (Or NO SUBS) is noted."

Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Activity: \_\_\_\_\_ Case No.: \_\_\_\_\_

DATE ORDERED	TIME	TREATMENT or MEDICATION	NOTED BY
6/19/04	5:50 PM	Dem 50 Repeat 1 dose of mom 30 cc PO PRN for constipation X 24 hrs	DRADHYAN, MD
6/20/04			
6/21/04	1340	Rolimin Cream Apply to lesion near toe BID X 2 weeks until healed Schedule PEDIATRY re: Onychogryphosis	
Date/Time: 6/21/04 @ 1:49 pm.		Chart Checked By: R. Conger, OSS	
6/21/04 @ 1630		Renew restrictions X 1 wk and then to be re-evaluated. TO. DN. Foster / H. Harlow re noted @ 1630 - 6/21/04	
6/21/04		Seclusion Not to exceed 2 hours. Pt extremely agitated, assaultive and poses danger to others and self. Pt can be released when calm and not dangerous any more.	
6/22/04			

STATE OF DELAWARE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

## DOCTOR'S ORDER SHEET

LEWIS, JIMMY 12/25/66  
48443 148-64-1309 UNK M AF J  
4 EDWIN PLACE NEWARK NJ 07112  
NELBA JEAN LEWIS MOTH AREA 5  
973-481-5028 05/21/2004  
LEWIS, JIMMY

" Authorization is given to dispense a Generic Equivalent under Hospital Formulary System unless NO SUBSTITUTION (Or NO SUBS) is noted."

Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Activity: \_\_\_\_\_ Case No.: \_\_\_\_\_

DATE ORDERED	TIME	TREATMENT or MEDICATION	NOTED BY
6/21/04	11:00pm	Pleasant give Pt Geodon 20mg IM + Ativan 2mg IM NOW as Pt extremely agitated, assaultive <del>Situated</del> <del>with</del> BERK MD	
6/21/04	11:05pm	Four Point restraints for extreme agitation Pt trying to knock down the door being danger to self and others. restraints not to exceed 2 hours can come off when calm <del>with</del> BERK MD	Sibg Foster
6/21/04	11:40pm	Pt continues to be physically aggressive while combative reassessment requires 5 point restraints, not to exceed 2 hours can come off when calm	6/22/04 1m
6/22/04	1:05pm	Continue 4 restraints not to exceed 2 hours for safety of self & others T.O. Berika / medium Jan in <del>with</del> <del>with</del> <del>with</del>	
6/22	6	6/23	



22)

DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH  
DELAWARE PSYCHIATRIC CENTER

PROGRESS NOTES  
(Continued)

LEWIS, JIMMY 12/25/66  
46443 148-64-1309 UNK M AF U  
4 EDWIN PLACE NEWARK NJ 07112  
HELBA JEAN LEWIS MOTH AREA 5  
973-481-5028 05/21/2004

DATE	TIME	OBSERVATION, ACTION, OR POSSIBLE SOLUTION
6/22/04	2430	Pt become Parquet p assessment of OD to continue seclusion because he would not contract for safety. Pt kicking & banging door - OD determined that he would require 4 pt Restraints. Supervisor called to request assistance due to explosive behavior. Pt placed in 4 pt Restraints @ 11:05 PM & given PRN (FM). ——— Delia H. H. H.
6/22/04	1 <sup>15</sup> AM	Pt. remains in 4 restraints due to agitation. OD called & renewed order for 4 restraints not to exceed 2hrs. will monitor pt closely. ——— m. j. m.
6/22/04	2 <sup>30</sup> PM	Pt. is calm & quiet. R arm & left leg restraint removed. ——— m. j. m.
6/22/04	3 <sup>00</sup> PM	<del>Pt. cont</del> <sup>error</sup> no restraints D/L'd at this time. Pt. contracted for safety & returned to bedroom. will monitor pt. closely. ——— m. j. m.
6/22/04	3 <sup>30</sup> PM	Pt. rested with 3 further behavioral problems. will monitor pt. closely. ——— m. j. m.
6/22/04	6 <sup>10</sup> PM	Pt. AEOB, maintained as routine observation. During AM bathroom at 5:00 AM at approx 4:30 PM Rose AEOB reported to nurse that it was coming to a "bitch" as he worked by water along with it. However, L. Sager told nurse pt. he reported that he did not say anything during morning. Pt did report coming. nurse returned pt. to the he stand at the evening at 6:00 PM agreed to stop therapeutic interaction effective @ this time. (Brenda)

DATE	TIME	OBSERVATION, ACTION, OR POSSIBLE SOLUTION
------	------	---

6/23/04 Cont.

He has the ability to present acting in a pseudo-psychotic manner and convince even some seasoned staff of his illness. He appears to maintain an external locus of control, a disbelief that rules pertain to him also, and a dangerous disregard for others. He can exaggerate and provoke with ease.

This inmate/Consumer left his unit's office and returned to the unit immediately, laughing some of his pseudo-psychotic behaviors to include talking to non-existent people in the corner of the dayroom.  
 Fernando Scott Cobb, MSW



24.)

STATE OF DELAWARE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DOCTOR'S ORDER SHEET

LEWIS, JIMMY  
45443 148-64-1309 UNK 4 AF 5  
4 EDWIN PLACE NEWARK NJ 07112  
HELENA JEAN LEWIS NORTH AREA 5  
973-481-5028 05/21/2004

" Authorization is given to dispense a Generic Equivalent under Hospital Formulary System unless NO SUBSTITUTION (Or NO SUBS) is noted."

Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Activity: \_\_\_\_\_ Case No.: \_\_\_\_\_

DATE ORDERED	TIME	TREATMENT or MEDICATION	NOTED BY
6/23/04	1300		
6/24/04	12m	40 restraints for safety of self & others not to exceed 2 hrs. pt. can be released earlier if calm. T.O. Dr. Cocchella / Madhavan Cocchella SHAF	
6/24/04	300 pm	Benzdryl 50 mg po/pt. how pt. (Still pt. agitated) Review 4 points restraint M. Cocchella / M.D. SHAF	
6/24/04	5 pm	Discharge pt on 6/25/04 back to the care of DOC. SHAF	
6/25/04		Clarification of above restraint order Staff may observe pt through two-way observation mirror due to extreme aggressive behavior T.O. Dr. Cocchella / M.D.	

4 EDWIN PLACE NEWARK NJ 07102  
 Patient's Name MELBA JEAN LEWIS MOTH AREA 5  
 973-481-5028 05/21/2004

Hospital No. \_\_\_\_\_

25.)

DATE	TIME	OBSERVATION, ACTION, OR POSSIBLE SOLUTION
6/24/04	14:00	continued - at 1 PM. Will monitor pt closely and document any changes.
6/24/04	15:00	DD Note - point pt was placed on 4 restraints. Because of disruptive, aggressive, threatening, cursing staff. Pt. was placed on 4 point restraints for his safety and other's safety. Mental status: pt. said he is upset. He denied any injury. He said sometimes loss of att. He doesn't understand why he did that. Pt. seems to be angry. Alert. Plan: pt. will receive Bardon 1 so now to keep pt sedated / downy to decrease possibility to hurt himself or others. He already got PRN meds 12 hours ago. Bardon 2mg + Ativan 2mg + Benhydol 50mg. He will have 2 hours more M. Accoltz, R. @ or restraints - <del>restraints</del>
6/24/04	17:00	Pt. seems, not lying in Seclusion Room to 4 point restraints. It's Seclusion Room due to continued agitation @ 2 PM. Pt. refusing to answer questions & taking no interest in his appearance. When Pt. gives answers and of Bardon. Day 30 @ end of Seclusion order. Pt. was not to start treatment for safety of other. & the restraints were downgraded to two & two to increase compliance.



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EXHIBIT M

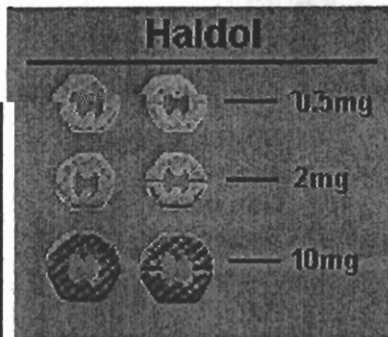
01

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### Haloperidol ( Haldol, Haldol Decanoate, Halperon ) ( In Canada ( Apo-Haloperidol, Haldol LA, Novo-Peridol, Peridol, PMS-Haloperidol )

Haloperidol ( Haldol, Haldol Decanoate, Halperon ) is an antipsychotic drug of high-potency, strong tranquilizer. Haloperidol ( Haldol, Haldol Decanoate, Halperon ) is used in the treatment of acute psychosis, acute schizophrenia, manic phases, to control aggression, to control agitation, disorganized and psychotic thinking. It may also be used to help treat false perceptions. (E.g. hallucinations or delusions) or in the treatment of Gilles de la Tourette syndrome. To treat psychosis associated with dementia, depressions, or mania. This drug however is more likely to cause movement side effects like Tardive Dyskinesia, then most other antipsychotic drugs. Generally accepted uses not FDA approved include, adjuvant for in chronic pain, control vomiting from chemotherapy, ease refractory sneezing, control refractory hiccups, lessen delirium from LSD flashbacks, lessen delirium from phencyclidine intoxication, or may be helpful in autistic persons.

**CLASS:** Butyrophenone.

**Generic name:** Haloperidol, Haloperidol Lactate, and Haloperidol Decanoate.

**Type:** Antipsychotic.

#### Strengths:

Tables:

0.5mg, 1mg, 2mg, 5mg, 10mg, 20mg.

Concentrate:

2mg per ml

Injection:

5mg, 50mg per ml, 100mg per ml.

Decanoate is long-acting.

**Dosages:** Actual dosage must be determined by a physician.

Oral:

Start: 0.5mg to 2mg 2 or 3 times daily.  
Increases: 0.5mg in 3 or 4 day intervals, as needed.  
Maintenance: Low as possible in 24 hours.  
Maximum: 100 mg in 24 hours.

**Normal dosage:**

If under 18 years of age, Only if under the care of a child psychiatrist!  
18 to 60 years of age, 0.5mg to 30mg daily.  
Over 60 years of age, Lower dosage increased cautiously.

**Problems with:**

Liver Function: Lower dosage, as needed.  
Kidney Function: High dosage with caution and only as needed.

**Test:**

Before taking: None.  
While taking: Haloperidol levels regularly.

**Take With:** Empty stomach and a full glass of water.

**Full Benefits In:** In several weeks.

**Missed Dose(s):** If within one hour take, if over an hour skip and then continue on your normal schedule.  
Never Take a Double Dose!

**If Stop Taking:** Do not stop without consulting your physician and never abruptly. Withdraws may include muscle spasms.

**Overdose symptoms include:** Coma, Convulsions, profound drowsiness, tremor, or weakness.

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## Warnings

Antacids containing aluminum or magnesium should not be taken one hour before taking this drug and never right after.

Only take this drug and Heterocyclic antidepressants with careful monitoring. Check with your physician if you are taking central nervous system depressants like antihistamines, hay fever medicines, sedatives, narcotics, anesthetics, barbiturates, or muscle relaxants. Check with your physician if you are taking a vasodilator (drug that dilate blood vessels.)



pulmonary ventilation and could result in complications, such as terminal bronchopneumonia.

**Occupational Hazards:**

Although haloperidol is a relatively nonsedating neuroleptic, sedation may occur in some patients. Therefore, physicians should be aware of this possibility and caution patients about the danger of participating in activities requiring complete mental alertness, judgement and physical coordination, such as driving and operating dangerous machinery.

Haloperidol may prolong the hypnotic action of barbiturates and may potentiate the effects of alcohol and other CNS depressant drugs such as anesthetics and narcotics; caution should therefore be exercised when it is used with agents of this type and adjustments in their dosage may be required.

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## Precautions

Administration to patients with severe cardiac involvement should be guarded, despite the fact that haloperidol is well tolerated by patients with cardiac insufficiency and that it has been used with favorable results to maintain the cardiovascular function of patients with excitic crises. In very rare instances, it has been felt that haloperidol was contributory to the precipitation of attacks in angina prone patients. Moderate hypotension may occur with parenteral administration or excessive oral doses of haloperidol; however, vertigo and syncope occur only rarely.

Haloperidol may lower the convulsive threshold and has been reported to trigger seizures in previously controlled known epileptics. When instituting haloperidol therapy in these patients, adequate anticonvulsant medication should be maintained concomitantly.

As with other antipsychotic agents, haloperidol should be administered cautiously to patients with severe impairment of liver or kidney function, and to patients with known allergies or history of allergies to other neuroleptic drugs. Caution is also advised in patients with pheochromocytoma and conditions predisposing to epilepsy, such as alcohol withdrawal and brain damage.

Haloperidol has lowered cholesterol concentrations in the serum and liver of monkeys. An accumulation of desmosterol has been observed in the serum of rats given repeated high doses (10 mg/kg) of haloperidol. In man, mild transient decreases in serum cholesterol were reported in preliminary studies. However, in a study involving a group of schizophrenic patients on extended medication, significant lowering of serum cholesterol was not observed with haloperidol, and there was no accumulation of desmosterol or 7-dehydrocholesterol. A significant lowering of cholesterol



temporarily discontinued.

However, considerable interpatient variability exists, and, although some individuals may tolerate higher than average doses of haloperidol, severe extrapyramidal reactions, necessitating discontinuation of the drug, may occur at relatively low doses. Administration of an antiparkinson agent is usually, but not always, effective in preventing or reversing neuromuscular reactions associated with haloperidol.

**Tardive dyskinesias:**

As with all antipsychotic agents, tardive dyskinesia may appear in some patients on long-term therapy or may appear after drug therapy has been discontinued. The risk appears to be greater in elderly patients on high dose therapy, especially females. The symptoms are persistent and in some patients appear to be irreversible. The syndrome is characterized by rhythmical, involuntary movements of the tongue, face, mouth or jaw (e.g. protrusion of tongue, puffing of cheeks, puckering of mouth, chewing movements). Sometimes these may be accompanied by involuntary movements of extremities.

There is no known effective treatment for tardive dyskinesia; antiparkinsonism agents usually do not alleviate the symptoms of this syndrome. It is suggested that all antipsychotic agents be discontinued if these symptoms appear. Should it be necessary to reinstitute treatment, or increase the dosage of the agent, or switch to a different antipsychotic agent, the syndrome may be masked. The physician may be able to reduce the risk of this syndrome by minimizing the unnecessary use of neuroleptic drugs and reducing the dose or discontinuing the drug, if possible, when manifestations of this syndrome are recognized, particularly in patients over the age of 50. It has been reported that fine vermicular movements of the tongue may be an early sign of the syndrome and if the medication is stopped at that time the syndrome may not develop.

Tardive dystonia, not associated with the above syndrome, has also been reported. Tardive dystonia is characterized by delayed onset of choreic or dystonic movements, is often persistent, and has the potential of becoming irreversible.

**Behavioral:**

Insomnia, depressive reactions, and toxic confusional states are the more common effects encountered. Drowsiness, lethargy, stupor and catalepsy, confusion, restlessness, agitation, anxiety, euphoria, and exacerbation of psychotic symptoms, including hallucinations, have also been reported.

**Cardiovascular:**

Tachycardia, hypertension and ECG changes including prolongation of the QT interval and ECG pattern changes compatible with the polymorphous configurations of torsades de pointes have been

## Geodon®

Brand Name: Geodon®

Active Ingredient: ziprasidone

Strength(s): 20 mg, 40, 60 and 80mg

Dosage Form(s): Capsules

Company Name: Pfizer Inc.

Availability: Prescription only

\*Date Approved by the FDA: February 5, 2001

*\*Approval by FDA does not mean that the drug is available for consumers at this time.*

### What is Geodon used for?

Geodon is an antipsychotic medicine. Antipsychotic medicines are used to treat symptoms of schizophrenia that may include:

- hearing voices, seeing things, or sensing things that are not there
- mistaken beliefs
- unusual suspiciousness
- becoming withdrawn from family and friends

### Who should NOT take Geodon?

Geodon can increase your chance of an abnormal heart rhythm (the way your heart beats) if you have certain heart conditions or take certain medicines. Therefore do not take Geodon if you have the following heart conditions:

- long QT syndrome (a specific heart rhythm problem)
- a recent heart attack
- severe heart failure
- certain irregularities of heart rhythm (discuss the specifics with your doctor)

Do not take Geodon if you are currently taking medications that should not be taken while you are taking Geodon, such as:

- dofetilide (Tikosyn®)
- sotalol (Betapace®)
- quinidine
- certain anti arrhythmics
- mesoridazine (Serentil®)
- thioridazine (Mellaril®)
- chlorpromazine (Thorazine®)
- droperidol (Inapsine®)
- pimozide (Orap®)

- sparfloxacin (Zagam®)
- gatifloxacin (Tequin)
- moxifloxacin (Avelox®)
- halofantrine (Halfan®)
- mefloquine (Lariam®)
- pentamidine (Pentam®)
- arsenic trioxide (Trisenox®)
- levomethadyl acetate (Orlaam®)
- dolasetron mesylate (Anzemet®)
- probucol (Lorelco®)
- tacrolimus (Prograf®)

Do not take Geodon if you are allergic to Geodon or any of the other ingredients of Geodon.

### General Precautions with Geodon:

Geodon may have a higher risk than some other medicines for schizophrenia because it may change the way the electrical current in the heart works more than some other drugs. We do not know whether this will be harmful, but some other medicines that cause this kind of change have sometimes caused rare dangerous heart rhythm problems. Because of this possible risk, Geodon should be used only after your doctor has considered this risk for Geodon against the risks and benefits of other medicines available for treating schizophrenia.

Dizziness, and sometimes fainting, caused by a drop in blood pressure may happen with Geodon, especially when you first start taking this medicine or when the dose is increased.

Because Geodon can cause sleepiness, be careful when operating machinery or driving a motor vehicle, until you know how this medicine affects you.

Geodon may interfere with the ability of your body to adjust to heat. Therefore, avoid high temperatures and high humidity.

Do not drink alcohol while taking Geodon.

### What should I tell my health care provider?

Only your health care provider can decide if Geodon is right for you. Before you start Geodon, be sure to tell your health care provider if you:

- are pregnant or plan on becoming pregnant. We do not know if Geodon can harm your baby.
- are breast-feeding. We do not know if Geodon can pass into your milk and if it can harm your baby.
- have or had any problem with the way your heart beats or any heart related illness or disease.
- any family history of heart disease or heart problems.
- have or had any problem with fainting or dizziness.
- have or had liver problems.
- have ever had an allergic reaction to Geodon or any of the other ingredients of Geodon capsules. Ask your doctor or pharmacist for a list of these ingredients.

Tell your health care provider about the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements. Some medicines can cause serious side effects if taken while you also take Geodon. Some medicines may affect how Geodon works, or Geodon may affect how your other medicines work. Check with your health care provider before starting any new prescription or non-prescription medicine, vitamin, or

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Drugs and  
Medicines

**Brand name:**

## Geodon

*Pronounced: GEE-oh-dahn*  
*Generic name: Ziprasidone*  
*hydrochloride*

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### Why is this drug prescribed?

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Geodon is used in the treatment of the crippling mental disorder known as schizophrenia. Researchers believe that it works by opposing the action of serotonin and dopamine, two of the brain's major chemical messengers. Because of its potentially serious side effects, Geodon is typically prescribed only after other medications have proved inadequate.

Geodon is usually taken in capsule form. An injectable version is available for quick relief of agitated patients. Injectable Geodon is generally used for no more than a few days.

### Most important fact about this drug

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In some people with heart problems or a slow heartbeat, Geodon can cause serious and potentially fatal heartbeat irregularities. The chance of a problem is greater if you are taking a water pill (diuretic) or a medication that prolongs a part of the heartbeat known as the QT interval. Many of the drugs prescribed for heartbeat irregularities prolong the QT interval and should never be combined with Geodon. Other drugs to avoid when taking Geodon include Anzemet, Avelox, Halfan, Inapsine, Lariam, Mellaril, Nebupent, Orap, Orlaam, Pentam, Probucol, Prograf, Serentil, Tequin, Thorazine, Trisenox, and Zagam. If you're uncertain about



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 Headaches  
 High Blood Pressure  
 High Cholesterol  
 Infections  
 Kidney Disease  
 Liver Disease  
 Migraines  
 Respiratory Problems  
 Sexually Transmitted Diseases  
 Urological Conditions

Tequin, Thorazine, TrisenoX, and Zagam. If you're uncertain about the risks of any drug you're taking, be sure to check with your doctor before combining it with Geodon.

## How should you take this medication?

[Return to top](#)

Geodon capsules should be taken twice a day with food.

*--If you miss a dose...*

## Why is this drug prescribed?

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## How should you take this medication?

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Geodon capsules should be taken twice a day with food.

*--If you miss a dose...*

Take it as soon as you remember. If it is almost time for your next

dose, skip the one you missed and go back to your regular schedule. Do not take 2 doses at once.

--Storage instructions...

Store at room temperature.

## What side effects may occur?

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Side effects cannot be anticipated. If any develop or change in intensity, inform your doctor as soon as possible. Only your doctor can determine if it is safe for you to continue taking Geodon.

- *More common side effects may include:*

Accidental injury, cold symptoms, constipation, cough, diarrhea, dizziness, drowsiness, dry mouth, indigestion, muscle tightness, nausea, rash, stuffy and runny nose, upper respiratory infection, vision problems, weakness

- *Other side effects may include:*

Abdominal pain, abnormal body movements, abnormal ejaculation, abnormal secretion of milk, abnormal walk, abnormally low cholesterol, agitation, amnesia, anemia, bleeding gums, bleeding in the eye, blood clots, blood disorders, blood in urine, body spasms, breast development in males, bruising or purple spots, cataracts, chest pain, chills, clogged bowels, confusion, conjunctivitis (pinkeye), coordination problems, decreased blood flow to the heart, delirium, difficulty breathing, difficulty swallowing, difficulty with orgasm, double vision, dry eyes, enlarged heart, eyelid inflammation, female sexual problems, fever, flank pain, flu-like symptoms, fungal infections, gout, hair loss, heavy menstruation, heavy uterine or vaginal bleeding, high blood pressure, high blood sugar, hives, hostility, impotence, increased reflexes, increased sensitivity to touch or sound, inflammation of the cornea, inflammation of the heart, involuntary or jerky movements, irregular heartbeat, liver problems, lockjaw, loss of appetite, loss of menstruation, low blood sugar, low blood pressure, low body temperature, lymph disorders, male sexual problems, muscle disorders, muscle pain, muscle weakness, nighttime urination, nosebleed, pneumonia, prickling or tingling sensation, rapid heartbeat, rectal bleeding, rigid muscle movement, ringing in ears, rolling of the eyeballs, sensitivity to sunlight, skin problems, slow heartbeat, slowed movement, speech problems, stroke, sudden drop in blood pressure upon standing up, swelling in the arms and legs, swelling in the face, swollen lymph nodes, swollen tongue, tarry stools, tendon inflammation, thirst, throat spasms, thyroid disorders, tremor, twitching, uncontrolled eye movement, urination decrease or increase, vaginal bleeding, vein inflammation, vertigo, vision disorders, vomiting, vomiting or spitting blood, yellowed skin and eyes, weight gain, white spots in the mouth

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Drugs and  
Medicines

**Brand name:**

# Seroquel

*Pronounced: SER-oh-kwell*

*Generic name: Quetiapine fumarate*

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## Why is this drug prescribed?

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Seroquel combats the symptoms of schizophrenia, a mental disorder marked by delusions, hallucinations, disrupted thinking, and loss of contact with reality. It is the first in a new class of antipsychotic medications. Researchers believe that it works by diminishing the action of dopamine and serotonin, two of the brain's chief chemical messengers.

## Most important fact about this drug

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Seroquel may cause tardive dyskinesia--a condition characterized by uncontrollable muscle spasms and twitches in the face and body. This problem can be permanent, and appears to be most common among older adults, especially women.

## How should you take this medication?

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Your doctor will increase your dose gradually until the drug takes effect. If you stop Seroquel for more than 1 week, you'll need to build up to your ideal dosage once again.

--If you miss a dose...

Take it as soon as you remember. If it is almost time for the next dose, skip the one you missed and go back to your regular schedule. Do not take 2 doses at once.

--Storage instructions...

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 Liver Disease  
 Migraines  
 Respiratory Problems  
 Sexually Transmitted Diseases  
 Urological Conditions

Store at room temperature.

## What side effects may occur?

[Return to top](#)

Side effects cannot be anticipated. If any develop or change in intensity, inform your doctor as soon as possible. Only your doctor can determine if it is safe for you to continue taking Seroquel.

- *More common side effects may include:*

Abdominal pain, constipation, diminished movement, dizziness, drowsiness, dry mouth, excessive muscle tone, headache, indigestion, low blood pressure, nasal inflammation, neck rigidity, rapid heartbeat, rash, tremor, uncontrollable movements, weakness

- *Less common side effects may include:*

Back pain, cough, difficulty breathing, difficulty speaking, ear pain, fever, flu, loss of appetite, palpitations, sore throat, sweating, swelling, weight gain

- *Rare side effects may include:*

Abnormal dreams, abnormal ejaculation, abnormal vision, abnormal gait, abnormal thinking, acne, alcohol intolerance, amnesia, arthritis, asthma, bleeding gums, bone pain, bruising, chills, confusion, conjunctivitis (pinkeye), dehydration, delusions, diabetes, difficulty swallowing, dry eyes, ear ringing, eczema, eye pain, face swelling, fungal infection, gas, gum inflammation, hallucinations, heavy menstruation, hemorrhoids, impotence, increased appetite, increased sex drive, increased salivation, irregular pulse, itching, jerky or irregular movement, joint pain, lack of emotion, lack of coordination, leg cramps, loss of menstruation, low blood sugar, manic reaction, migraine, mouth sores, muscle weakness, neck pain, nosebleeds, painful menstruation, painful urination, paralysis, paranoia, pelvic pain, pneumonia, rash, rectal bleeding, seborrhea, sensitivity to light, skin inflammation or ulcer, slow heart rate, stomach and intestinal inflammation, stupor, swollen testicles, taste disturbances, teeth grinding, thirst, tongue swelling, twitching, uncontrollable bowel movements, underactive thyroid, urinary frequency or incontinence, urinary retention, urinary tract infection, vaginal bleeding, vaginal inflammation, vaginal yeast infection, vertigo, weight loss

## Why should this drug not be prescribed?

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If Seroquel gives you an allergic reaction, you will not be able to use this drug.

## Special warnings about this medication

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If you develop muscle stiffness, confusion, irregular or rapid heartbeat, excessive sweating, and high fever call your doctor immediately. These are signs of a serious--and potentially fatal--reaction to the drug. Be especially wary if you have a history of heart attack, heart disease, heart failure, circulation problems, or irregular heartbeat.

Particularly during the first few days of therapy, Seroquel can cause low blood pressure, with accompanying dizziness, fainting, and rapid heartbeat. To minimize these effects, your doctor will increase your dose gradually. If you are prone to low blood pressure, take blood pressure medication, or become dehydrated, use Seroquel with caution.

Seroquel also tends to cause drowsiness, especially at the start of therapy, and can impair your judgment, thinking, and motor skills. Until you are certain of the drug's



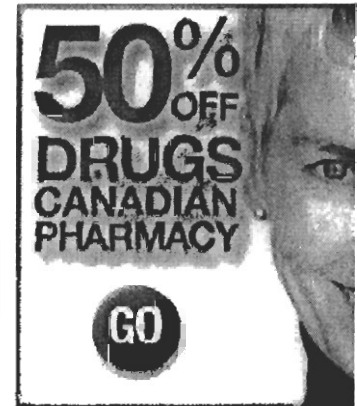


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- [Detrol Side Effects](#)
- [Diovan Side Effects](#)
- [Ditropan Side Effects](#)
- [Effexor Side Effects](#)
- [Evista Side Effects](#)
- [Femara Side Effects](#)
- [Flomax Side Effects](#)
- [Fosamax Side Effects](#)
- [Hyzaar Side Effects](#)
- [Inderal Side Effects](#)
- [Lamisil Side Effects](#)
- [Lipitor Side Effects](#)
- [Lotensin Side Effects](#)
- [Lupron Side Effects](#)
- [Metformin Side](#)

## Effexor

Primary Drug Name: *Effexor*

**50% off Effexor ▶ ▶ ▶ Canadian Pharmacy**



### Why is this Effexor medication prescribed?

Effexor/Venlafaxine, an antidepressant (mood elevator), is used to treat depression.

This Effxor medication is sometimes prescribed for other uses; ask your doctor or Effxor pharmacist for more Effxor information.

## How should this Effexor medicine be used?

Effexor/Venlafaxine comes as a tablet to take by mouth. Effexor is usually taken two or three times a day and should be taken with food. Follow the Effexor directions on your Effexor prescription label carefully, and ask your doctor or Effexor pharmacist to explain any part you do not understand. Take Effexor/venlafaxine exactly as directed. Do not take more or less than Effexor or take Effexor more often than prescribed by your doctor.

Continue to take Effexor/venlafaxine even if you feel well. Do not stop taking Effexor/venlafaxine without talking to your doctor, especially if you have taken large Effexor doses for a long time. Your doctor probably will want to decrease your Effexor dose gradually. This Effexor drug must be taken regularly for a few weeks before Effexor's full effect is felt.

## What special Effexor precautions should I follow?

Before taking Effexor/venlafaxine,

- tell your doctor and pharmacist if you are allergic to Effexor/venlafaxine or any other drugs.
- Tell your doctor and pharmacist what other prescription and nonprescription drugs you are taking, especially anticoagulants

- [Effects](#)
- [Mevacor Side Effects](#)
- [Monopril Side Effects](#)
- [Neurontin Side Effects](#)
- [Nexium Side Effects](#)
- [Nolvadex Side Effects](#)
- [Norvasc Side Effects](#)
- [Paxil Side Effects](#)
- [Plavix Side Effects](#)
- [Pravachol Side Effects](#)
- [Premarin Side Effects](#)
- [Prevacid Side Effects](#)
- [Prilosec Side Effects](#)
- [Prinivil Side Effects](#)
- [Procardia Side Effects](#)
- [Proscar Side Effects](#)
- [Protonix Side Effects](#)
- [Prozac Side Effects](#)
- [Sinemet Side Effects](#)
- [Singulair Side Effects](#)
- [Soriatane Side Effects](#)
- [Synthroid Side Effects](#)
- [Tamoxifen Side Effects](#)
- [Tenormin Side Effects](#)
- [Tiazac Side Effects](#)
- [Topamax Side Effects](#)
- [Toprol Side Effects](#)
- [Tricor Side Effects](#)
- [Vioxx Side Effects](#)
- [Wellbutrin Side Effects](#)
- [Xeloda Side Effects](#)
- [Zocor Side Effects](#)
- [Zoloft Side Effects](#)
- [Zyprexa Side Effects](#)

[warfarin (Coumadin)]; cimetidine (Tagamet); indinavir (Crixivan); lithium (Eskalith, Lithobid), medication for high blood pressure; muscle relaxants; sedatives; sleeping pills; tranquilizers; and vitar

- tell your doctor if you have or have ever had difficulty urinating, elevated intraocular pressure, or liver, kidney, or heart disease.
- tell your doctor if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while taking Effexor/venlafaxine, call your doctor immediately.
- if you are having surgery, including dental surgery, tell the doctor/dentist that you are taking Effexor/venlafaxine.
- you should know that this Effexor drug may make you drowsy. Do not drive a car or operate machinery until you know how this Effexor drug affects you.
- remember that alcohol can add to the drowsiness caused by this Effexor drug.

## Effexor Side Effects

Side effects from Effexor/venlafaxine are common:

- upset stomach
- drowsiness
- weakness or tiredness
- excitement or anxiety
- insomnia
- nightmares
- dry mouth
- skin more sensitive to sunlight than usual
- changes in appetite or weight
- headache

Tell your doctor if any of these Effexor symptoms are severe or do not go away:

- constipation
- difficulty urinating
- frequent urination
- blurred vision
- changes in sex drive or ability
- excessive sweating

If you experience any of the following Effexor symptoms, call your doctor immediately:

- [Buy Cheap Ultram \(Tramadol\) Online](#)
- [Diabetes](#)
- [SEO / SEM](#)
- [Art](#)
- [Canada Drugs](#)
- [Canadian Pharmacy](#)
- [eDrugNet Online Pharmacy/Drugstore](#)

- jaw, neck, and back muscle spasms
- slow or difficult speech
- shuffling walk
- persistent fine tremor or inability to sit still
- fever
- difficulty breathing or swallowing
- severe skin rash
- yellowing of the skin or eyes
- irregular heartbeat

## Important Effexor Information

Before starting EFFEXOR XR (venlafaxine HCl) Capsules, tell your doc about any medicines you're taking, including over-the-counter drugs an herbal supplements. People taking MAO inhibitors should not take EFFEXOR XR. Pregnant or nursing women shouldn't take any antidepressant without consulting their doctor. Side effects with EFFEXOR XR may include anorexia, constipation, dizziness, dry mouth, ejaculatory problems, impotence, insomnia, nausea, nervousness, sleepiness, sweating, and weakness. EFFEXOR XR may raise blood pressure in some patients, so blood pressure should be monitored regularly. EFFEXOR XR may impair judgment, thinking, or motor skills; patients should exercise caution until they have adapted to therapy. When people suddenly stop using or quickly lower their daily dose of EFFEXOR XR, discontinuation symptoms may occur. Talk to your doctor before discontinuing or reducing your dose of EFFEXOR XR. Ask your doctor if EFFEXOR XR is right for you. Ask your doctor for additional information about EFFEXOR XR.

## Grow wild

Discover how to turn your backyard into a wildlife haven.

## What about weight gain or jitteriness?

In studies with EFFEXOR XR, there was a low incidence of weight gain jitteriness (agitation). To learn how EFFEXOR XR has helped others get back to their lives again, see Personal Stories.

Try to be patient about the treatment process. Just as depression, generalized anxiety disorder, and social anxiety disorder do not happen overnight, it takes time to feel better. It usually takes 6 to 8 weeks to feel the full benefits of EFFEXOR XR. Results may vary among individuals. the best way to ensure that you return to feeling like yourself again is to take your medication every day, as instructed by your doctor.

The goal is to reduce or virtually eliminate your symptoms and get back your life again. If symptoms of depression and associated symptoms of anxiety are interfering with your life, and you're not where you want to be, ask your doctor about EFFEXOR XR, a treatment option that may help get back to doing your favorite activities again.

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**Delaware Psychiatric Center  
Forensic Unit  
(Jane E. Mitchell Building)**

**Forensic Psychiatric Evaluation**

<b>Examinee:</b>	<b>Jimmy Lewis</b>	<b>ID #: 0305016966</b>
<b>Date of Birth:</b>	25 December 1966 (Current Age: 38)	
<b>Examiner:</b>	Sylvia Foster, M.D.	
<b>Period of Evaluation:</b>	21 May 2004 - present	
<b>Date of Report:</b>	10 June 2004	

**REASON FOR EVALUATION:**

Mr. Lewis was referred to The Delaware Psychiatric Center (DPC) for forensic psychiatric evaluation by *Motion and Order* of the Honorable Charles H. Toliver, In the Superior Court of the State of Delaware, In and For New Castle County, on 1 December 2003, to determine his competency to stand trial and to obtain treatment for his own well-being.

**NOTIFICATION:**

✓ Upon admission to the Forensic Unit, Mr. Lewis was informed that he was being evaluated by Court Order, and that the results of all evaluations performed during this admission would not remain confidential, but would be disseminated to the Court, the prosecution, and his attorney.

**EXAMINER:**

Medical Doctor specializing in Psychiatry with Board Certification, sub-specializing in Forensic Psychiatry

**LIST OF CHARGES:**

Carjacking 2<sup>nd</sup> Degree  
Theft \$1000 or greater  
Resisting Arrest

**SOURCES OF INFORMATION:**

Face-to-face interview with Mr. Lewis on 21 May 2004 and various times thereafter  
on the Forensic Unit at DPC  
Superior Court Criminal Docket



Seven page statement by Mr. Lewis regarding his social and legal history and his account of the crime, undated

Medical Records, Delaware Psychiatric Center, 21 May 2004 – present

✓ Medical Records, First Correctional Medical (FCM), 5 March 2003 – 31 March 2004

Case Charge List

✓ Complaint and Warrant

✓ Exhibit A & B

Charge History Record

Letter from Donald Napolin, LSCW, to The Honorable Charles H. Toliver, 5 May 2004

#### CURRENT MEDICATIONS:

Seroquel 50 mg twice daily for anger management and impulse control

Atenolol 25 mg daily for hypertension

#### BACKGROUND INFORMATION:

Mr. Lewis was a 38-year-old African American male who presented to the Mitchell Building based on an evaluation by Dr. Joshi, a prison psychiatrist. Dr. Joshi described Mr. Lewis on 27 May 2003 as "psychotic and delusional, a danger to self and others, refusing to take medication." He had assaulted a Correctional Officer, and was transferred to the infirmary. Mr. Lewis was described as saying, "I can't distinguish between right and wrong. I am hearing voices telling me to hurt myself and I'm seeing shadows."

Mr. Lewis had been incarcerated on 17 November 2003 and convicted of Carjacking, Theft and Resisting Arrest. According to the police report, Mr. Lewis was picked up by a male driver who was out looking for a male companion for the evening. Mr. Lewis allegedly attempted to rob the driver, at which point the driver jumped out of the vehicle in fear, and Mr. Lewis drove off with the car. He allegedly resisted arrest when caught, and was identified by the driver as the person who stole his car.

According to FCM records, Mr. Lewis was "flirtatious" at times, and had to be redirected for asking personal questions of the mental health examiner. She confronted his "narcissism and attention-seeking behaviors," and questioned the diagnosis of Schizophrenia that had been given him by the physician. Mr. Lewis refused all medication, requesting only Xanax and Valium (highly addictive drugs of the Benzodiazepine family). He asked for art materials, and pornography, stating that these items would be very helpful. He presented with, "broad mood and good eye contact, with no suicidal, homicidal ideation and no auditory or visual hallucinations." He was frequently argumentative and loud. He was observed wearing "paper horns," saying, that they made him feel more comfortable. "It helps me deal with whatever I'm going through. The horns are like a mask. If I deal with these things within me, I'll be a better person, being unjustly accused." He was also described as calm and controlled. He spoke of hearing voices but stated, "I don't know whether it's voices or just my

thoughts." Mr. Lewis stated later that he wore the paper horns and the cat's eye contact lenses for the "scare" factor.

Not much is known about Mr. Lewis' legal history as he is from out of state. However, he said that he had been in prison for six or seven years in New Jersey, from about 1993 to 2000. He added that he had been sentenced to six years for Robbery, "I pick-pocketed somebody," but his jail time had been prolonged for fighting.

Mr. Lewis had no psychiatric history. He saw a counselor as a child in New Jersey where he grew up. At first he said he didn't remember why, but shortly thereafter remembered that it was because his mother had become involved in a Lesbian relationship. "I didn't approve of it and I voiced my opinion to her, and I started misbehaving. I didn't like the lady and I didn't like the idea of the relationship." He went on to explain, "I might have accepted it if it had been presented to me differently, but I saw this lady actually twist my mother's arm to tell me about the [Lesbian nature of the] relationship. I had thought they were just close friends." Mr. Lewis' mother told the team social worker that he had been attention-seeking as a youth, and that he felt no one ever paid enough attention to him. She said he always felt that whatever someone was doing, they should stop, and attend to his needs. He blamed his mother for his current problems due to her homosexual affair. His parents had separated when Mr. Lewis was two years old, at which time Mr. Lewis' father had gone to live in North Carolina.

Mr. Lewis stated that he had been employed in construction and as a porter. "Whatever job was open, I was doing it." However, he added, "I've been fired more than ten times." The longest job he ever held was three months. "I would always argue, or go in late, and I'd get fired." He admitted to selling drugs off and on. "That's what I had to do to have money. Then I got to selling bootleg CD's and DVD's."

~~Mr.~~ Lewis dropped out of the tenth grade, but later obtained a GED. He changed that idea later, and said that he had a high school diploma. His mother maintained that he actually had a GED. He said, "She thought wrong." He attended the American Business Institute, but did not stay long, ending up owing them money. He related that he had been attending commercial drivers' school to drive eighteen-wheelers just prior to his incarceration. "It was going to be my first job; Poland Springs was going to hire me."

Mr. Lewis stated that he been shot by a police officer ten years ago, with gunshot wounds to the left hip and left arm. He had history of hypertension for which he was being medicated, and history of kidney infection. He ~~had no~~ other significant medical or surgical history.

Mr. Lewis had never married, stating, "Every time I get into a relationship, we always argue." He was with one girlfriend off and on for eight years.

Mr. Lewis reported that he began drinking alcohol in his teens, with his last use just prior to incarceration. He had history of blackouts, but did not elaborate. He denied heavy

use. He also admitted to smoking marijuana sixteen years ago, but denied all other illicit drug use. It was considered probable that he was minimizing his addiction issues

#### HOSPITAL COURSE:

Mr. Lewis became verbally unresponsive, selectively mute, and categorically refused to answer any questions on the day of admission. He also refused the initial physical examination. Later the same day, Mr. Lewis was observed interacting in a normal manner on the unit. Several days later, the initial examinations were completed without problem. He eventually explained that he had not felt like speaking on the first day.

Mr. Lewis' hospital course has been complicated by his aggressive, assaultive behavior. He was overheard making physical threats, observed taunting and laughing at his peers, taking pleasure in embarrassing them, and was

He complained of hearing voices sporadically but displayed no evidence of preoccupation with internal stimuli when he believed he was not being observed.

The team psychologist described Mr. Lewis in the following manner in the anger management group: arrogant, disruptive and instigating. While the other older patients tried to have a calming influence, Mr. Lewis displayed no sense of boundaries or respect for authority. She added that there was nothing odd or bizarre about his behavior that would suggest a psychotic disorder. Other therapists noted that he was disruptive in the group setting, talking out of turn, and making obscene comments while watching educational videos. When evaluated by the team, he made it clear that he would rather be at DPC rather than in jail in order to "get some help." When asked what help he needed, or what we could do for him, he answered he didn't know.

One staff member stated that she found Mr. Lewis to be engaging, intelligent and articulate, but noted his sense of entitlement, and his demand that things be done his way. Mr. Lewis stated that he needs to do "outlandish things" to get attention, such as wearing paper horns and wearing his cat's eye lenses. It was explained to him that he would not be allowed to wear his paper horns at any time while at DPC, after he placed them on his head at one point. He understood, and did not attempt to wear them again. He was noted to attempt to intimidate one female therapist by facing her in the hallway and stating, "I just want to get my point across that whatever you said about me in team meeting was wrong and derogatory."

On 6/7/04, a special meeting with Mr. Lewis was called to address his grossly inappropriate behavior on the unit the night before. He was angered by not receiving a certain salad at dinner to which he believed he was entitled, and assaulted a peer and a staff member, escalating to the point where he was difficult to redirect. In summary, he was noted to be disruptive in the group setting, to taunt his peers, to intimidate and flirt with therapists, and to make obscene comments. There were reports to the contrary by other staff members who reported that Mr. Lewis was cooperative and helpful in the milieu, tending to get loud and demanding at times when he felt his needs were not being met in a timely fashion.



Initially, Mr. Lewis was prescribed no psychotropic medication, as there was no evidence of a mood disorder, and no evidence of psychosis. However, Seroquel was begun after it became evident that Mr. Lewis had difficulty managing his anger, and controlling his impulses.

#### CURRENT MENTAL STATUS EXAM:

Mr. Lewis presented with shaved head, and was appropriately dressed. He was cooperative, and able to sit quietly for the examination with no abnormal motor activity. His speech was normal in rate, tone and volume, and there was no evidence of loud, pressured speech. He stated that his mood was "sensitive, and easily irritated." His affect was full range. His thought processes, assessed by the verbalizations of his thoughts and feelings, were goal directed; there was no evidence of loosening of associations or tangentiality. His thought content displayed no delusions. He was not thinking about suicide, although he maintained that he had been thinking about it. "But I don't really want to do it." He was not thinking about hurting others, and stated, "I'm not on the defensive unless there's a reason." He denied obsessions, compulsions, racing thoughts, paranoia, delusions, special powers, hyper-religiosity, and grandiosity. His cognitive functions were intact grossly. His insight and judgment were considered intact.

#### COMPETENCY ASSESSMENT:

Mr. Lewis was presented the questions to the McGarry Criteria as cited in State of Delaware v. Joseph A. Shields, 593 A.2<sup>nd</sup>, 986 (Del. Super. 1990), p. 1000. Based upon the present examination, Mr. Lewis demonstrated that he does have sufficient present capacity to consult with an attorney with a reasonable degree of rational understanding of court procedures. He is fully able to understand the nature of the proceedings against him, to give evidence in his own defense and to instruct counsel on his behalf.

It should be noted that Mr. Lewis handed out a highly articulate, well-written explanation of his actions on the day of the alleged crime. It reveals a high level of education and intelligence, and highlights his excellent ability to give evidence in his own defense and to instruct counsel on his behalf.

#### DIAGNOSIS:<sup>1</sup>

Axis I:	Malingering; Alcohol Abuse; History of Conduct Disorder
Axis II:	Antisocial Personality Disorder
Axis III:	Hypertension
Axis IV:	Psychosocial and Environmental Problems: Incarceration
Axis V:	Global Assessment of Functioning (GAF) Scale (1 – 100): 50 Serious impairment in social and occupational functioning

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<sup>1</sup> American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.



OPINION:

The opinions expressed in this report are held with a reasonable degree of medical certainty, and are based upon the direct examination of Mr. Lewis, the observations reported by staff and therapists on the Forensic Unit, and the previous reports and records available for review. These opinions are subject to change if additional information or records become available.

Assessment:

The essential feature of Malingering is the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as getting out of prison into a psychiatric unit. Malingering should be strongly suspected in the presence of Antisocial Personality Disorder.

Mr. Lewis demonstrated no evidence of a mood disorder or psychosis during his admission to DPC, and it is not likely that he ever had Schizophrenia or any other chronic psychotic disorder.

SUMMARY OF OPINIONS AND RECOMMENDATIONS:

1. Mr. Lewis is psychiatrically stable and can be returned to prison.
2. It is my opinion that Mr. Lewis is competent to stand trial.
3. It is my opinion that, as in the case of many people with Antisocial Personality Disorder, Mr. Lewis may need to remain on his medication to help with anger management and impulse control
4. Any threats made by Mr. Lewis to harm himself or others should be taken seriously as he is highly manipulative and will stop at little to obtain his goals.



Sylvia Foster, M.D.  
Forensic Psychiatrist

RECEIVED LEGAL MAIL  
MS. SUTTON 12/29/04

SUPERIOR COURT  
OF THE  
STATE OF DELAWARE

CHARLES H. TOLIVER, IV  
JUDGE

NEW CASTLE COUNTY COURTHOUSE  
500 NORTH KING STREET, SUITE 10400  
WILMINGTON, DELAWARE 19801-3733  
TELEPHONE (302) 255-0657

December 14, 2004

Mr. Jimmie Lewis, #506622  
Howard R. Young Correctional Institution  
P.O. Box 9561  
Wilmington, DE 19809

**RE: Lewis v. Williams**  
**C. A. No. 04M-11-098**

Dear Mr. Lewis:

I have now had the opportunity to review your petition seeking the issuance of a writ of habeas corpus which was filed with the Prothonotary on November 29, 2004. It is based upon that review that I must decline to grant the relief you seek.

More specifically, your petition seems to complain that you were not returned from the Delaware Psychiatric Center to the custody of the Department of Correction as requested by Ms. Stachowski, Director of the Delaware Psychiatric Center, on June 16, 2004. On June 22, 2004, I granted the aforementioned request on Ms. Stachowski's correspondence. On June 29, that document was filed with the Prothonotary. Please refer to the copy of the enclosed docket, entry number 41.

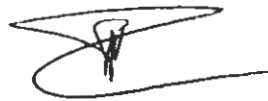
It appears that your petition does not contain any other basis for relief. Accordingly, your petition must be **denied**, as it does not state a claim upon which such a writ may be issued.

Page Two

**RE: Lewis v. Williams**  
**C. A. No. 04M-11-098**

**IT IS SO ORDERED.**

Sincerely yours,

A handwritten signature in black ink, appearing to be 'C. H. Toliver, IV', with a stylized flourish at the end.

Charles H. Toliver, IV  
Judge

CHT,IV/lid

Enclosures

oc: Prothonotary

cc: Investigative Services

Dianne Stachowski, MSN, RN, CS

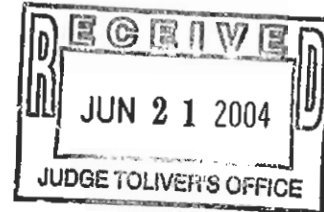
Warden Raphael Williams, H.R.Y.C.I.

H.R.Y.C.I. Records Division

**DELAWARE HEALTH  
AND SOCIAL SERVICES**DIVISION OF SUBSTANCE  
ABUSE AND MENTAL HEALTH

DELAWARE PSYCHIATRIC CENTER

June 15, 2004

Re: Jimmy Lewis  
ID# 0305016966

Dear Judge Toliver:

The Forensic Evaluation Team have completed their evaluation and treatment on Jimmy Lewis ID# 0305016966. We are requesting from the court a court order allowing us: *To transfer Jimmy Lewis back to DOC.*

If there are any questions or concerns regarding this request, please contact me at (302) 255-9701. For the court's convenience my fax number is (302) 255-4439.

Respectfully,

Dianne Stachowski, MSN, RN, CS  
Forensic Unit Director  
Mitchell BuildingCC: Renata Henry, Director, DSAMH  
Ranga N. Ram, MD, Medical Director

*So ordered -*  
*[Signature]*  
*6/21/04*

2004 JUN 29 PM 4:14

FILED  
PROTHONOTARY



SUPERIOR COURT CRIMINAL DOCKET  
( as of 11/30/2004 )

Page 7

State of Delaware v. JIMMY LEWIS  
State's Atty: BRIAN J ROBERTSON , Esq.  
Defense Atty: JOHN S EDINGER , Esq.

DOB: 12/25/1966

No.	Event Date	Event	Judge
		DIRECTED TO YOU. JOHN EDINGER REFERRED BY: S. NAPIER	
56	10/08/2004	DEFENDANT'S REQUEST FILED. REQUEST TO HAVE DOCKET ENTRY #54 CORRECTED. ERROR CORRECTED 10/12/04. NOTICE OF REQUESTED CORRECTION SENT TO DEFENDANT.	
57	10/19/2004	NOTICES OF SERVICE (SEVERAL SEE FILE) REQUEST FOR A FULL AND FAIR EVIDENTIARY HEARING TO DETERMINE MATERIAL FACTS TO ALLEDGED DENIALS OF CONSTITUTIONAL RIGHTS.	
59	10/29/2004	NOTICE OF SERVICE	
58	11/02/2004	NOTICE OF SERVICES	
60	11/03/2004	NOTICE OF SERVICES	
61	11/09/2004	NOTICE OF SERVICES.	
62	11/15/2004	NOTICE OF SERVICE APPLICATION FOR CERTIFICATION TO THE SUPREME COURT OF DELAWARE	
63	11/16/2004	NOTICE OF SERVICE DOCUMENTS THE DEFENDANT WANTS THE COURT TO REVIEW.	
64	11/17/2004	NOTICE OF SERVICE	

\*\*\* END OF DOCKET LISTING AS OF 11/30/2004 \*\*\*  
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